

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for Class E Certificate for Positive
Moves Relocation and Transfer, LLC**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shannon Moran

Telephone: 843-424-9549

Address: 1116 Plantation Drive

Fax: _____

Myrtle Beach, SC 29575

Other: 516-443-9755

Email: positivemoves.movers@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: June 9, 2021

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1.

Positive Moves Relocation and Transfer, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1116 Plantation Drive, Myrtle Beach, SC 29575

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

516-443-9755

Phone

FAX

positivemoves.movers@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Shannon Moran, 1116 Plantation Drive, Myrtle Beach SC 29575

James Stamos, 1116 Plantation Drive, Myrtle Beach SC 29575

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	4,000	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	4,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Local Rates Hourly

Truck \$40

Driver \$40

1st Helper \$30

2nd Helper \$30

1 truck, 2 men \$110

1 truck, 3 men \$140

Half hour of travel: 0-15 miles

1 hour of travel: 15-30 miles

3 hour minimum + 1/2 hour of travel; 0 - 100 miles considered local

Long Distance

100 to 400 miles within a state

weight x miles, rate TBD

Language for extra service TBD

Packing material TBD

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Positive Moves Relocation and Transfer, LLC

Name of Applicant

116 Plantation Drive, Myrtle Beach, S.C.

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 10,625

Limits \$1,000,000

Cargo Insurance \$ 2,000

Limits \$25,000

* Attach Certificate of Insurance if available.

(please see attached quotes)

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.


The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Horry)
SWORN TO BEFORE ME
This 22nd day of June, 2021

Notary Public
Commission Expires 12/31/29

CHRISTINE QUARTY
Notary Public - State of South Carolina
My Commission Expires December 03, 2029

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Positive Moves Relocation and Transfer, LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Shannon Moran, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 22nd day of June, 2021

Notary Public

Commission Expires 12/3/29

Shannon Moran
Applicant's Signature

CHRISTINE QUARTY
Notary Public - State of South Carolina
My Commission Expires December 03, 2029

Print Application

	START	VEHICLES	DRIVERS	BUSINESS	RATES	FINAL DETAILS	PAYMENT	COMPLETE
--	-------	----------	---------	----------	-------	---------------	---------	----------

Named Insured: Positive Moves Relocation and Transfer, LLC

Customize Your Coverages

\$10,265.00

per year including Electronic Funds Transfer (EFT) discount

Discounts

Electronic Funds Transfer (EFT)

Total: \$489

Fees

Federal Filing \$25.00

State Filing \$25.00

UM Fund Fee \$2.00

Total: \$52.00

Or save \$1,114.00 by paying in full: \$9,151.00

[View bill plan options](#)

[Finish & Buy](#)

View page by

Coverage Category	Cost Breakdown
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Quote provided by: Progressive Northern Insurance Co

Coverages applied to all vehicles

Bodily Injury and Property Damage Liability	\$1 million CSL	\$8,684.00
Uninsured Motorist Bodily Injury & Property Damage*	\$300k CSL w/ \$200 Deductible	\$162.00
Underinsured Motorist Bodily Injury & Property Damage*	\$300k CSL w/ \$0 Deductible	\$173.00

*Coverage not applicable to trailers

Coverages for the vehicles

VEHICLE 1	\$9,618.00	TRAILER 2	\$595.00
			
2000 GMC YUKON 1GKEK13RXYR110436		2012 Diamond Cargo 123456789	
<input type="text" value="\$1,000 Deductible w/ \$0"/>	\$434	<input type="text" value="\$1,000 Deductible w/ \$0"/>	\$142
<input type="text" value="\$1,000 Deductible"/>	\$372	<input type="text" value="\$1,000 Deductible"/>	\$129
<input type="text" value="\$5,000 per person"/>	\$117	Not available	
<input type="text" value="Not Selected"/>	\$0	<input type="text" value="Not Selected"/>	\$0
<input type="text" value="Not selected"/>	\$0	Not available	
<input type="text" value="Not selected"/>	\$0	<input type="text" value="Not selected"/>	\$0
2000 GMC YUKON		2012 Diamond Cargo	
\$0 to \$2,000 More than \$2,000		\$0 Trailer has no equipment	
Comprehensive and Collision limits will be Actual Cash Value plus up to \$2,000 for permanently attached equipment.			
Actual Cash Value		<input type="text" value="\$6,000"/>	

Special coverages related to the customer's business



Hired Auto Liability

Coverage not available

[Edit coverage questions](#)Employer Non-Owned
Auto LiabilityNon-Owned Trailer
Physical DamageAgencywide Default Coverages *(Optional - to be set by your Agency Administrator)*

\$10,265.00

per year including Electronic Funds Transfer (EFT) discount

Discounts

Electronic Funds
Transfer (EFT)

Total: \$489

Fees

Federal Filing \$25.00

State Filing \$25.00

UM Fund Fee \$2.00

Total: \$52.00

Or save \$1,114.00 by paying in full: \$9,151.00

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BESSO LIMITED**MOTOR TRUCK CARGO QUOTE SHEET**

ENQUIRY #: NE21200126

AUTHORITY

REFERENCE: NAJH04668120

TYPE: Motor Truck Cargo Insurance

FORM: SLC-3 London Broad Form (15)

INSURED: **POSITIVE MOVES RELOCATION AND TRANSFER, LLC**

ADDRESS: 1116 Plantation Drive, Myrtle Beach, South Carolina 29575

PERIOD: 12 Months @ 12.01 am Local Standard Time

INTEREST: All risks of physical loss of &/or damage from an external cause to lawful cargo in &/or on a truck, within the states of USA &/or Canada

LIMITS: USD 25,000 Any one Truck
USD 25,000 Any one Loss

IMPORTANT: Please ensure that you are familiar with the following wording and endorsements, if not ask for copies. It is essential that the applicant is made aware of all terms and conditions of the coverage.

CONDITIONS: London Broad Form (15)

AMENDMENTS

Amended to delete exclusion a) ii)

INCLUSIONS

BMC-32

Household Goods Endorsement

MS Amlin Driver Criteria

30 Days Cancellation Clause – NMA 1331- replacing General Condition 18 of Wording

Unattended Truck Endorsement – Limit USD 25,000

Earned Freight Endorsement – Limit USD 2,500

Debris Removal Endorsement – Limit USD 2,500

In Full Premium Endorsement – 1 Truck as specified on Schedule

Terrorism Exclusion Endorsement – NMA 2920

U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause – LMA 5390

OR

U.S. Terrorism Risk Insurance Act of 2002 as amended New & Renewal Business Endorsement – LMA 5389

War and Civil War Exclusion Clause – NMA 464

Electronic Data Endorsement B – NMA 2915

Radioactive Contamination Exclusion Clause – NMA 1191

Chemical, Biological and Nuclear Explosion, Pollution or Contamination Exclusion Clause – 2001AML00001

Property Cyber AND Data Exclusion – LMA5401

Fraudulent Claim Clause – LMA 5062

Sanction Limitation and Exclusion Clause – LMA 3100

Law and Jurisdiction Clause

Several Liability Notice – LSW 1001

Data Protection Short Form Information Notice (Layer 1) – LMA 9151 Amended

Minimum Earned Premium Clause – LSW 757

In the event of a firm order please note will be subject to satisfactory Signed & Dated Proposal Form, TRIA Statement and MVR's within 15 days of attachment otherwise 30 days notice of cancellation will be issued

DEDUCTIBLE: USD 2,500 each & every loss

NOTICES:

PREMIUM: USD 2,000 in full for one specified unit, per annum
USD 100 calculated @ 5% of above Premium in respect of TRIA
(25% Minimum Earned Premium)

\$2,000 + \$200 JenCap Fee + \$100 Carrier Fee + \$138 Surplus Line Tax = \$2,438 Total

COMMISSION: 17.50%

BESSO FEE: USD 100 (Fully Earned)

CHOICE OF
LAW AND

JURISDICTION: This Insurance shall be governed by the law of **South Carolina** and the courts of the U.S.A. shall have jurisdiction in any dispute arising hereunder, subject to the provisions of the Service of Suit Clause as follows:-

Service of Suit Clause (USA) – as per form naming:

Lloyd's America, Inc., Attention: Legal Department, 280 Park Avenue, East Tower, 25th Floor,
New York, NY 10017

US

CLASSIFICATION: Surplus Lines

INFORMATION:-

Gross Receipts:	n/a
Cargo Hauled:	Household Goods
Number of Years in Business:	New Venture
Number of Trucks:	1 x truck
I.C.C. Docket Number:	MC
3 Year Loss History:	N/A

OTHER UNDERWRITING INFO:

SUBJECTIVITIES: This quote is open for 30 days commencing from 14th June 2021 subject to no losses / changes in underwriting information

Wholesaler: Genesee

Schedule of Lloyd's Underwriters

Unique Market Reference: B0595NAJH04668120

42.8572%	AML 2001
19.0476%	MAP 2791
19.0476%	WBC 5886
19.0476%	SAM 0727

Total 100.0000%

DISCLOSURE NOTICE

You should remind and guide your client regarding their duty to make a fair presentation of the risk, together with the potential consequences of breaching this requirement. It is important that you make a fair presentation of the risk to insurers (both before insurance commences and during the life of the policy). You must make a clear disclosure of every relevant material circumstance you know (or ought to); in an accessible manner, and made in good faith. A failure to do this could lead to insurers imposing different terms on your cover, imposing a higher premium, applying a policy reduction to claims or refusing them altogether and/or cancelling your policy from inception. Please see our Terms of Business for more details.

Whilst we have access to a range of providers Besso may provide quotations from this or any other insurer in order to satisfy your requirements. Further details are available on written request to your usual Besso representative.

Our quotation is provided to you through a delegated authority facility underwritten by certain companies at Lloyd's. We perform certain activities on their behalf and in these matters; we act as agents of the insurer. We may receive additional remuneration from Insurers based on the profitability of books of business or usage of certain schemes. Nevertheless, as an independent insurance intermediary we remain the agent of you, our client, and our over-riding duty to you remains paramount. Any potential conflicts of interest are managed by adhering to our conflicts of interest's procedure.

Insurer Contract document to be received within 30 days of inception.